

Town of Jamestown

Tax Assessor

93 Narragansett Ave ♦ Jamestown, RI 02835 – 1509

Phone: (401) 423-9802 Fax: (401) 423-7230 cbrochu@jamestownri.net

2021 ANNUAL REAL ESTATE TRUE AND EXACT ACCOUNT

Of all ratable estate owned, or possessed, as of 12/31/2020 Per Rhode Island General Law 44-5-15

THIS FORM MUST BE FILED BETWEEN JANUARY 1, 2021 AND JANUARY 31, 2021

The Assessor's Office may grant an extension between January 1st and January 31st, in which case this form must be filed between March 1st, 2021 and March 15th, 2021.

Incomplete forms will be returned to you. Filing deadlines cannot be extended by the Assessor's Office.

Date of Application:
Applicant(s) Name/ Title:
Mailing Address:
City/ State/Zip:
Phone Number(s): HomeCell
Email Address:
REAL ESTATE (If more than one parcel is owned or possessed, please explain on additional pages)
Property Location:
Plat/Lot:
Account Number:
2020 Assessed Value: \$ \$
Estimated Fair Market Value: \$

Based Upon: (circle any applicable)

Appraisal / Real Estate Broker / Owner's Estimate

If there has been a change in the <u>overall cond</u> those changes (attach applicable photographs). If ther family to two family, etc.) please explain below detail card, please explain below specifying the error and conditions.	re has been a ch ling those char	nange in nges. If th	usage of your name	real estate (single	
APPLICANT'S CERT	ΓΙΓΙCATION				
I certify, <u>under penalty of perjury</u> , that the above lise exact account of the ratable real estate owned or posseresult in a loss of your appeal rights in the Town of Jaundersigned so choose to appeal to that level.	essed by me. A	ny misr	epresentation o	of these facts may	
Respectfully submitted,					
Sign Name Here:	Co-Owner				
Print Name Here:	Co-Owner				
Title:					
Date:					
NOTA	RY PUBLIC				
State of Rhode Island					
County of					
Subscribed and sworn to before me at		_this	day of	20	
My commission expires:					
		Signature of Notary Public			